




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter TRN-36
April 2020

TO: Transportation Providers Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Medicaid Director 
RE: *Transportation Manual* (COVID-19 Updates to Subchapter 6)

This letter transmits revisions to the service codes in the *Transportation Manual*. MassHealth has updated Subchapter 6 to add Healthcare Common Procedure Coding System (HCPCS) code A0998. Notwithstanding any regulation to the contrary, including the definition of "Trip" under 101 CMR 327.00 and 130 CMR 407.411(A)'s restriction on coverage for transportation services to situations in which a member is travelling to obtain medical services, MassHealth will reimburse transportation providers for medically necessary visits to members to obtain and transport specimens for COVID-19 diagnostic testing. Furthermore, MassHealth is updating the description for A0999 to reflect that it can be used in connection with transporting patients who require special resources to be safely transported. For dates of service on or after March 20, 2020, you must use the updated codes in order to obtain reimbursement. This supersedes any language in All-Provider Bulletin Number 291 indicating that HCPCS code A0998 is effective for dates of service on or after April 1, 2020, rather than March 20, 2020. Updated service codes are listed below.

- A0998 Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing). This code should be billed with modifier SS (Seen at Scene). No mileage may be billed.
- A0999 Unlisted ambulance service (Used for transporting patients who require special resources to be safely transported, including but not limited to bariatric patients; requires prior authorization from the MassHealth Transportation Program Unit.) Adequate information is needed to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip's destination; and if recurring transportation is requested, the expected duration of the need for transportation should be provided (specific time period not to exceed six months for acute illness; one year for chronic illness). (IC)

Please submit request for A0999 to the following address:

MassHealth Transportation Program Unit, 7th Floor
Delivery Systems Operations
100 Hancock Street
Quincy, MA 02171

If you wish to obtain a fee schedule, you may download the Executive Office of Health and Human Services regulations at no cost at www.mass.gov/service-details/eohhs-regulations. The regulation title for Transportation Services is 130 CMR 407.000.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

To sign up to receive email alerts when MassHealth issues new transmittal letters and provider bulletins, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about this transmittal letter, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Transportation Manual

Pages vi and 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Transportation Manual

Pages vi, 6-1 and 6-2 — transmitted by Transmittal Letter TRN-35

Commonwealth of Massachusetts MassHealth Provider Manual Series Transportation Manual	Subchapter Number and Title Table of Contents	Page vi
	Transmittal Letter TRN-36	Date 03/20/20

6. Service Codes and Descriptions

Wheelchair Van Services	6-1
Ambulance Services	6-1
Other Licensed Carriers	6-3
Appendix A. Directory	A-1
Appendix C. Third-Party Liability Codes	C-1
Appendix T. CMSP Covered Codes	T-1
Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions	U 1
Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions	V-1
Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....	W-1
Appendix X. Family Assistance Copayments and Deductibles	X-1
Appendix Y. EVS Codes/Messages	Y-1
Appendix Z. EPSDT/PPHSD Screening Services Codes	Z-1

Commonwealth of Massachusetts MassHealth Provider Manual Series Transportation Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
	Transmittal Letter TRN-36	Date 03/20/20

601 Service Codes and Descriptions: Wheelchair Van Services

Service

Code Modifier Service Description

Ground Mileage

S0215 Nonemergency transportation; mileage, per mile (Wheelchair vans must use this code for mileage. Do not use A0425.)

S0215 TS Nonemergency transportation; mileage, per mile (when more than two one-way trips are being billed for the same member on the same date of service) (Wheelchair vans must use this code for mileage. Do not use A0425.)

Wheelchair Van Services

A0130 Nonemergency transportation: wheelchair van

A0130 TS Nonemergency transportation: wheelchair van (when more than two one-way trips are being billed for the same member on the same date of service)

A0130 TK Nonemergency transportation; wheelchair van (extra patient or passenger, non-ambulance) (No mileage fee allowed.)

A0130 TK-TS Nonemergency transportation; wheelchair van (when more than two one-way trips are being billed for the same member on the same date of service) (extra patient or passenger, non-ambulance) (No mileage fee allowed.)

T2001 Nonemergency transportation; patient attendant/escort (Use for second attendant.)

T2001 TS Nonemergency transportation; patient attendant/escort (when more than two one-way trips are being billed for the same member on the same date of service) (Use for second attendant.)

Other – Ancillary Services

A0170 Transportation ancillary; parking fees, tolls, other (**Used only for ferry charges**)
 A copy of the ferry receipt(s) showing the actual fee paid must be attached to the claim. This code may be billed in addition to the transportation code on the same claim. (IC)

602 Service Codes and Descriptions: Ambulance Services

Service

Code Modifier Service Description

Ground Mileage

A0425 Ground mileage, per statute mile (Ambulances must use this code for mileage. Do not use S0215.)

Ambulance Service, Specialty Care Transport

A0434 Specialty care transport (interfacility transportation)

Commonwealth of Massachusetts MassHealth Provider Manual Series Transportation Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-3
	Transmittal Letter TRN-36	Date 03/20/20

602 Service Codes and Descriptions: Ambulance Services (cont.)

A0999 Unlisted ambulance service (Used for transporting patients who require special resources to be safely transported, including but not limited to bariatric patients; requires prior authorization from the MassHealth agency.) Adequate information is needed to determine the need for the transportation requested and that the member will receive a medically necessary service covered by MassHealth at the trip's destination; and if recurring transportation is requested, the expected duration of the need for transportation should be provided (specific time period not to exceed six months for acute illness; one year for chronic illness). (I.C.)

603 Service Codes and Descriptions: Other Licensed Carriers

Service Code	Modifier	Service Description
A0140		Nonemergency transportation and air travel (private or commercial), intra- or interstate
A0140	TS	Nonemergency transportation and air travel (private or commercial), intra- or interstate (when more than two one-way trips are being billed for the same member on the same date of service)

Commonwealth of Massachusetts MassHealth Provider Manual Series Transportation Manual	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
	Transmittal Letter TRN-36	Date 03/20/20

This page is reserved.